PTO/SB/22 (07-09)

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| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2009 | | Docket Number (Optional) 26505-514 NATLUS | | |
|--|---|--|------------------------------------|--|
| (Fees pursuant to the Consolidated Appropriations Act, 2005 (H. R. 4818).) | | 20303-3 | 14 NATEOS | |
| Application Number 10/590,782 | | Filed J | une 26, 2007 | |
| For Macrocyclic Compounds And Methods Of Making And Using The Same | | | | |
| Art Unit 1623 | | Examiner | E. Peselev | |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. | | | | |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | | | | |
| One month (37 CFR 1.17(a)(1)) | <u>Fee</u> \$130 | Small Entity Fee \$65 | \$ | |
| Two months (37 CFR 1.17(a)(2)) | \$490 | \$245 | \$ \$ | |
| X Three months (37 CFR 1.17(a)(3)) | \$1110 | \$555 | \$ 555.00 | |
| Four months (37 CFR 1.17(a)(4)) | \$1730 | \$865 | \$ | |
| Five months (37 CFR 1.17(a)(5)) | \$2350 | \$1175 | \$ | |
| | · | 41110 | <u> </u> | |
| Applicant claims small entity status. See 37 CFR 1.27. | | | | |
| A check in the amount of the fee is enclosed. | | | | |
| Payment by credit card. Form PTO-2038 is attached. | | | | |
| The Director has already been authorized to charge fees in this application to a Deposit Account. | | | | |
| The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to | | | | |
| Deposit Account Number50-0311 WARNING: Information on this form may become public. Credit card information should not be included on this form. | | | | |
| Provide credit card information and authorization on PTO-2038. | | | | |
| I am the applicant/inventor. | | | | |
| assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). | | | | |
| x attorney or agent of record. Reg | istration Number | 39,529 | | |
| attorney or agent under 37 CPR 1.34. | | | | |
| Registration number if acting vin | | **** | <u>.</u> | |
| Amos F. Donat | | April 27, 2011 | | |
| Sighature REG-NO. 57,977 Date | | | ate | |
| Ivor R. Elrifi, Ph.D. Typed or printed name | Ivor R. Elrifi, Ph.D. Typed or printed name | | (617) 348-1747 Telephone Number | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more | | | | |
| than one signature is required, see below. | | | | |
| X Total of forms are submitted. | | | | |